

# **FY 2020 APPLICATION**

## **Administration-Sponsored Capital Program Grant**

**Behavioral Health, Addictions Recovery, Developmental Disabilities  
and  
Federally Qualified Health Centers Facilities**

Maryland Department of Health  
Office of Capital Planning, Budgeting and Engineering Services  
(410) 767-6816

January 2018

## **FY 2020 Application for Administration-Sponsored Capital Program Grant**

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## LAW

Mental Health, Addictions, and Developmental Disabilities Facilities Capital Program (Md. Code, Health Gen. §24-601 through §24-607)

<http://mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=ghg&section=24-601&ext=html&session=2017RS&tab=subject5> (Users can click the [Next] button to view subsequent sections)

Federally Qualified Health Centers Grant Program (Md. Code, Health Gen. §24-1301 through §24-1307)

<http://mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=ghg&section=24-1301&ext=html&session=2017RS&tab=subject5> (Users can click the [Next] button to view subsequent sections)

**REGULATIONS** for the following grant programs can be found at the web site listed below:

Mental Health, Addictions, and Developmental Disabilities Facilities Capital Program

[http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.08.02.\\*](http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.08.02.*)

Federally Qualified Health Centers Grant Program

[http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.08.05.\\*](http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.08.05.*)

**STATE OF MARYLAND  
MARYLAND DEPARTMENT OF HEALTH  
OFFICE OF CAPITAL PLANNING, BUDGETING AND ENGINEERING SERVICES**

**FY 2020 Application for Administration-Sponsored Capital Program Grant**

*The following pages provide the instructions and forms to complete your application for a Maryland Department of Health (MDH) Administration-Sponsored Capital Program Grant.*

**GENERAL INSTRUCTIONS**

**DO NOT REFORMAT ANY PART OF THIS APPLICATION**

**OUTLINE FOR YOUR APPLICATION**

Your application should be developed using the outline on the "Check List" (refer to pages 4 and 5). For each section of the "Check List," there is a page number reference for the relevant form and/or instruction. Each page of your application should be paginated. Paginate narrative and any attachments separately. Multi-page exhibits/references should not be mixed in with the narrative, but rather included as separate attachments in an appendix.

**"PROJECT SUMMARY FORM"**

The "Project Summary Form" (pages 6, 7 and 8) should be filled out after you have completed all of the other sections and must include a clear overview of the proposed project.

**COVER SHEETS FOR YOUR APPLICATION**

The completed "Project Summary Form" is to be used as a cover sheet for your application.

## **SUBMISSION OF APPLICATION**

**DUE APRIL 19, 2018**

**The following must be received by April 19, 2018 at 12:00pm:**

- 1 An **ORIGINAL and a COPY** of the application submitted to the Office of Capital Planning, Budgeting, and Engineering Services.
- 2 An **E-COPY** of the application (**the narrative part must be in Microsoft Word format and not PDF**) e-mailed to Mr. Ahmed G. Awad at [Ahmed.Awad@maryland.gov](mailto:Ahmed.Awad@maryland.gov).
- 3 **A copy of the application** submitted to the contact person from the appropriate administration (see chart below).

*Applications received after the above deadline may be considered; however, ranking on the departmental priority list cannot be guaranteed.*

Mail or deliver an original and a copy of the application to:

*Mr. Ahmed Awad  
Administrator, General Obligation Bond Program  
Maryland Department of Health  
Office of Capital Planning, Budgeting and Engineering Services  
201 West Preston Street, Room 538E  
Baltimore, Maryland 21201*

If e-copies of any attachments/exhibits are not readily available, the original documents can be scanned and/or included as PDFs. The only exceptions are for oversized architectural drawings, for which e-copies are preferred, but which may be submitted separately, as a hard copy.

### **PEOPLE YOU MAY WANT TO CONTACT FOR TECHNICAL ASSISTANCE:**

Ahmed Awad	Office of Capital Planning, Budgeting, and Engineering Services (OCPBES)	(410) 767-6589	Ahmed.Awad@maryland.gov
Cynthia Petion	Behavioral Health Administration (BHA)	(410) 402-8473	Cynthia.Petion@maryland.gov
Janet Furman	Developmental Disabilities Administration (DDA)	(410) 767-5929	Janet.Furman@maryland.gov
Elizabeth Vaidya	Federally Qualified Health Centers (FQHC)	(410) 767-5695	Elizabeth.Vaidya@maryland.gov

**Also, please note the following requirements:**

**REQUIREMENT FOR ALL COMMUNITY HEALTH FACILITIES PROVIDERS**

All Behavioral Health (previously mental health, alcohol and drug abuse), and developmental disabilities service providers who are applying for capital program grant funding must also follow the additional instructions included in the Appendices, “Additional Information for Behavioral Health Grant Applicants Providing: Substance-Related Disorder Services, and/or Mental Health Services” (pages 34-44); and “Additional Information for Grant Applicants Providing Services to Individuals with Developmental Disabilities” (pages 45-51).

**REQUIREMENT FOR FEDERALLY QUALIFIED HEALTH CENTERS**

All Federally Qualified Health Centers (FQHC) who are applying for capital program grant funding must also submit a copy of the most current Health Resources and Services Administration (HRSA) Uniform Data System (UDS) Report with the completed application. See Appendix entitled “Additional Information for Federally Qualified Health Centers Capital Funding Applicants” (pages 52 and 53) for information regarding service priorities.

The narrative portion of the application should be prepared in sections that include subtitle headings to match those included in the instructions and should be organized to follow the same order as they appear in the instructions

If not already on file with the Office of Primary Care Access, applications must include an attachment that provides a description of the FQHC’s current service area and/or scope of service.

**REQUIREMENT FOR AN UPDATED APPLICATION FOR PARTIALLY FUNDED PROJECTS**

If your project was only partially funded in a prior year (e.g., you have been authorized only for architectural/engineering fees), you must submit an updated complete application to request authorization for the remaining State funds.

**REQUIREMENT FOR FEDERAL, STATE, AND LOCAL COMPLIANCE**

All projects developed under the MDH Administration-Sponsored Capital Program must be in compliance with federal, State, and local standards, codes and requirements. These standards must be followed in determining your physical plant and equipment requirements.

## CHECK LIST

The application is to be completed and submitted using the following outline. Please include this check list with your application. Indicate whether or not the following items are included in the application. If "yes," give the page number; if "no," state the reason on an attached sheet of paper.

	YES	NO
<b>Project Summary Form</b> ( <i>Refer to pages 6, 7 and 8</i> )	_____	_____
<b><i>The completed Project Summary Form parts 1, 2 and 3 are required as cover sheets for your completed fiscal year 2020 application.</i></b>		
<b>I. Project Description and Justification</b> ( <i>Refer to pages 11 through 13</i> )		
A. Project Overview		
1. Introduction to Agency	_____	_____
a. Name and Address of Agency	_____	_____
b. Mission Statement/Brief History	_____	_____
2. Introduction to Project	_____	_____
a. Purpose	_____	_____
b. Location	_____	_____
c. Site Plan	_____	_____
d. Strategic Plan	_____	_____
e. Unmet Need ( <i>Refer to page 11</i> )	_____	_____
f-h. Resource Capacity, Utilization of Capacity	_____	_____
B. Project Justification	_____	_____
1. Problems and Consequences of Deficiencies	_____	_____
a. Description of Each Problem	_____	_____
b. Consequences of Each Problem	_____	_____
2. Current and Future Outcomes	_____	_____
<b>II. Administrative Information</b> ( <i>Refer to pages 14 and 15</i> )		
A. Poverty Area Funding Request	_____	_____
B. Admission Policy	_____	_____
C. Staffing Pattern	_____	_____
D. Schedule of Rates	_____	_____
E. Previous Projects	_____	_____
<b>III. Project Description – Scope of Work</b> ( <i>Refer to pages 16 and 17</i> )		
A. Type/Description	_____	_____
B. Project Site Description	_____	_____
1. Location	_____	_____
a./b. Legal Description/Opinion	_____	_____
c. Plat Plan	_____	_____
d. Soil Investigation Report (new construction only)	_____	_____
e. Water & Sewer Assurance	_____	_____
f. Zoning Status	_____	_____



## **CHECK LIST (cont.)**

	<b>YES</b>	<b>NO</b>
C. Scope of Work		
1. Current and Projected Space Requirements <i>(page 16)</i>		
2. Type of Space		
3. Determination of Size		
4. Description of Architecture and Infrastructure		
5. Site Improvements		
6. Utilities		
7. Acquisition		
D. Transportation		
E. Time Frame		
F. Maps and Sketches		
 <b>IV. Financial Statements</b> <i>(Refer to page 18)</i>		
A. Cost Estimate Worksheet <i>(Refer to pages 9 and 10)</i>		
B. Capital Financial Summary		
1. Supporting Documentation for Matching Funds		
2. Letter from IRS (nonprofit status)		
3. Capital Financial Summary <i>(Refer to page 28)</i>		
C. Operating Cost Projections <i>(Refer to page 29)</i>		
D. Equipment and Furnishing Request <i>(Refer to page 27)</i>		
 <b>V. Additional Documentation</b> <i>(Refer to page 19)</i>		
A. Listing of All Principals <i>(Refer to page 30)</i>		
B. Compliance with Civil Rights <i>(Refer to page 31)</i>		
C. Applicant Certification <i>(Refer to page 32)</i>		
D. Latest Audited Financial Statement		
E. License		
F. Medicaid Approval		
G. IRS Form 990		
H. Capital Equipment List/Prices		
I. Poverty Area Funding Request		

**COMMUNITY FACILITIES PROVIDERS:**

Did you comply with the guidelines in the Behavioral Health Administration, and/or Developmental Disabilities Administration appendices?

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## PROJECT SUMMARY FORM (Part 1 of 3)

Project Summary Forms (Part 1, 2 and 3) are to be used as the cover sheets for your Fiscal Year 2020 application.

All information is required and must be completed

1.

<hr/>		<hr/>	
<i>Name of Applicant Agency</i>		<i>Applicant's Employer ID Number (EIN)</i>	
<hr/>		<hr/>	
<i>Name of Contact Person</i>	<i>Title</i>	<i>Direct Phone Number, Ext.</i>	
<hr/>	<hr/>	<hr/>	
<i>Cell Phone Number (required)</i>		<i>E-mail Address</i>	
<hr/>		<hr/>	
<i>Street Address of Applicant Agency</i>		<i>Mailing Address (if different from street address)</i>	
<hr/>		<hr/>	
<i>City and Zip of Applicant Agency</i>	<i>County (if Baltimore, indicate City or County)</i>	<i>State Legislative District</i>	
<hr/>	<hr/>	<hr/>	

2. **PROJECT DESCRIPTION** Include a brief description of the project and a statement explaining how the proposed project will improve outcomes for individuals served by your program.

3.

<hr/>		
<i>Name of Facility/Site for Proposed Project</i>		
<hr/>		
<i>Street Address of Facility/Site for Proposed Project</i>		
<hr/>		
<i>City and Zip of Facility/Site for Proposed Project</i>	<i>County (if Baltimore, indicate City or County)</i>	<i>State Legislative District</i>
<hr/>	<hr/>	<hr/>

## PROJECT SUMMARY FORM (Part 2 of 3)

NOTE: To fill out this page, you will need to use your completed two-page "Cost Estimate Worksheet" (pages 9 and 10).

### 4. TOTAL COSTS FOR PROJECT

*Please verify all the numbers, totals and percentages*

	<u>Current Request</u>	<u>Prior Appropriation</u>	<u>Future Requests</u>	<u>Total</u>
Architect/Engineer Fees ( <i>refer to page 10-G</i> )				
Acquisition ( <i>refer to page 9-A</i> )				
Construction ( <i>refer to page 9-B or page 9-C, and page 10-D and page 10-E</i> )				
Equipment ( <i>refer to page 10-F and page 27</i> )				
Other				

#### Total Project:

	<u>Percentages</u>	<u>Current Request</u>	<u>Prior Appropriation</u>	<u>Future application Requests</u>	<u>Total</u>
State Funds:	%				
Matching Funds:	%				
<b>Total:</b>	%				

### 5. SOURCES OF MATCHING FUNDS

*Real property or in-kind contributions are not eligible as matching funds*

	<u>In-hand</u>	<u>Anticipated</u>
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$
<b>Total:</b>		\$

### 6. UNIT COST (excludes A/E, equipment and site improvement costs) MUST BE COMPLETED

<b>a. Gross square feet</b> ( <i>refer to page 9-A or 9-B or 9-C</i> ):	<b>b. Subtotal for new construction</b> ( <i>page 9-B11</i> ):	\$
	OR Subtotal for renovation ( <i>page 9-C11</i> ):	\$
<b>c. Cost per gross square foot</b> ( <i>divide b. by a.</i> ):	<b>d. Unit cost</b> ( <i>divide b. by slots or placements</i> ):	\$

### 7. PROPOSED PROJECT SCHEDULE (MUST BE COMPLETED)

	<u>Begin Date</u>	<u>Completion Date</u>
Design:		
Construction:		

*All information is required and must be completed*

## PROJECT SUMMARY FORM (Part 3 of 3)

### TYPE OF PROJECT (check all that apply)

#### New Facility:

- ☐ Construction to increase capacity
- ☐ Construction to replace existing facility
- ☐ Acquisition to increase capacity
- ☐ Acquisition to replace existing facility
- ☐ Purchase new equipment
- ☐ Other (explain)

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#### Existing Facility:

- ☐ Renovation
- ☐ Construct new addition
- ☐ Conversion from rental to ownership property
- ☐ Replacement of existing equipment
- ☐ Purchase new equipment
- ☐ Other (explain)

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## COST ESTIMATE WORKSHEET Part 1 of 2

Name of Applicant Agency: \_\_\_\_\_

**Estimated**

**Dates:**      Design - Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_      Construction - Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Type of Project**                      **Acquisition:** \_\_\_\_\_      **New Construction:** \_\_\_\_\_      **Renovation:** \_\_\_\_\_

**A. Acquisition**

**COST:**      \$

**Gross** Square Feet: \_\_\_\_\_      **Net** Square Feet: \_\_\_\_\_      Lot Size: \_\_\_\_\_

**B. New Construction**

All information must be completed

**Gross** Square Feet: \_\_\_\_\_      **Net** Square Feet: \_\_\_\_\_      Lot Size: \_\_\_\_\_

1. Basic Costs: _____	Gross Sq Ft: _____	\$ _____ per GSF	1.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
2. Built-in Equipment: _____			2.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
3. Demolition: _____			3.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
4. Asbestos Removal: _____			4.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
5. Information Technology (\$8/square foot): _____			5.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
6. Other: _____			6.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
7. Subtotal (add line 1 through line 6):			7.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
8. Estimated Cost Increase (2019 – 3%; 2020 – 3% = 6%):			8.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
9. Subtotal (add line 7 and line 8):			9.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
10. Contingencies (5% of line 9):			10.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
11. Subtotal (add line 9 and line 10)			11.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>

**C. Renovation**

All information must be completed

**Gross** Square Feet: \_\_\_\_\_      **Net** Square Feet: \_\_\_\_\_      Lot Size: \_\_\_\_\_

1. Basic Costs: _____	<b>Gross</b> Sq Ft x \$ _____ per GSF	1.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
2. Built-in Equipment: _____		2.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
3. Demolition: _____		3.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
4. Asbestos Removal: _____		4.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
5. Information Technology (\$8/square foot): _____		5.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
6. Other: _____		6.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
7. Subtotal (add line 1 through line 6):		7.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
8. Estimated Cost Increase (2019 – 3%; 2020 – 3% = 6%):		8.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
9. Subtotal (add line 7 and line 8):		9.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
10. Contingencies (10% of line 9):		10.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>
11. Subtotal (add line 9 and line 10)		11.	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>

**COST ESTIMATE WORKSHEET - Part 2 of 2****D. Site**

All information must be completed

1. 10% of line B7 (new construction only unless directly related to a renovation project):

1. \$

2. Other:

2. \$

3. Other:

3. \$

4. Other:

4. \$

5. Subtotal (add line 1 through line 4):

5. \$

6. Cost Increase (2 years x 3% = 6% x line 5):

6. \$

7. Subtotal (add line 5 and line 6):

7. \$

8. Contingencies (5% of line 7):

8. \$

9. Subtotal (add line 7 and line 8)

9. \$

\$

**E. Utilities**

1. 5% of line B7 and/or line C7

1. \$

2. Other:

2. \$

3. Other:

3. \$

4. Other:

4. \$

5. Subtotal (add line 1 through line 4):

5. \$

6. Cost Increase (2 years x 3% = 6% x line 5):

6. \$

7. Subtotal (add line 5 and line 6):

7. \$

8. Contingencies (5% of line 7):

8. \$

9. Subtotal (add line 7 and line 8)

9. \$

\$

**F. Capital Equipment and Furnishings**1. Movable Equipment (not built-in), minimum 15-year life

1. \$

2. Furniture with a minimum 15-year life:

2. \$

3. Other (specify):

3. \$

4. Subtotal (add line 1 through line 3)

4. \$

\$

**G. Architectural and Engineering (A/E) Fees**

\$

**H. Architect's Reimbursable Costs**

\$

**I. Total of Items B. through H.**

\$

**Prepared by**

(Required) :

If Architect, name and address of firm

Phone Number

Date

## I. PROJECT DESCRIPTION AND JUSTIFICATION

### A. PROJECT OVERVIEW

#### 1. Introduction to Agency

- a. Provide the name and address of your agency.
- b. State the mission of your organization and provide a brief history of your agency. Include the year the agency was established, the target population served, and the services provided (e.g., housing, crisis intervention, outpatient, day supported employment, long-term substance abuse treatment).

#### 2. Introduction to Project

- a. **Purpose.** Briefly describe the purpose of the proposed project (i.e., why the project is needed) and what will be achieved as a result of funding the project. All projects must address one or more of the following facility problems:
  - (1) Insufficient or inadequate space, including no space or lack of a physical setting in which services can be provided.
  - (2) Serious deterioration of the existing physical structure or obsolete existing structure.
  - (3) Dysfunctional space that is inappropriate for agency functions or activities.
  - (4) Location not optimal for serving customers or for customer access.
  - (5) Inefficient use of operating funds (e.g., leasing versus owning a facility).
- b. **Location.** Define the service area for the project and provide the location of the proposed project within that service area.
- c. **Site Plan.** Enclose a site plan for the project if one is available. If a site plan is not available, please explain.
- d. **Strategic Plan.** Discuss the relevance of the project to the strategic priorities of your respective administration (see Appendices).
- e. **Unmet Need.** Each administration has identified the target populations or priority areas that should benefit from proposed projects. Please identify which of these target populations or priority areas will benefit from your proposed project. For your defined service area, identify the number of individuals in the target population that are currently receiving the proposed service, the number with an unmet need for your service, and the number of additional individuals to be served upon completion of your project.

For example:

Target Population	Number of Target Population Currently Receiving Services	Unmet Need	Additional Individuals to be Served	Remaining Need
BHA <ul style="list-style-type: none"><li>Hospital Inpatients &gt; 1 Year Length of Stay</li></ul>	100	266	20	246

- f. **Housing Resource Capacity for Individuals with Serious and Persistent Mental Illness and/or co-occurring Substance Related disorders:** Table 4, page 25, “Existing and Proposed Capacity by Type, Residential Rehabilitation, Supportive Housing, Recovery Housing, and

Certified Halfway Housing Units,” **must be completed** for each county in which your project intends to develop housing units.

- g. **Resource Capacity for Individuals with Developmental Disabilities:** Table 5, page 26, “Existing and Proposed Capacity by Type, ALU, CSLA and Supportive Housing Units,” **must be completed** for each county in which your project intends to develop housing units.
- h. **Existing and Proposed Productivity (Federally Qualified Health Centers only).** Specify the agency’s current and proposed productivity based on Federal Productivity Standards for Primary Care (e.g., one M.D. should treat 1,400 patients and have a total of 4,200 encounters per year) and for dental care (e.g., one dentist should treat 1,100 patients and have a total of 2,700 encounters per year). Explain any deviations between the federal productivity standards and “actuals.” Based on the Federal Productivity Standards, complete Table 1 on page 20.

## B. PROJECT JUSTIFICATION

The justification for the project includes: (1) a section regarding facility problems and the negative consequences these problems have on the agency’s operations and delivery of services; and (2) a section regarding the effect of the project on outcomes for individuals.

### 1. Facility Problems and the Consequence of Deficiencies on Operations or Service Delivery

- a. **Describe Each Facility Problem.** Facility problems were identified in Section A.2.a. For *each* problem identified, discuss the specific nature of the problem. The problems may exist now or may be anticipated in the future. For example, if insufficient space is a problem, quantify the current space and compare to the increased amount of space needed. If specific settings do not exist (e.g., housing units) in which to provide a service, explain the number of slots, beds, and/or units lacking. If there are building code deficiencies, provide specific citations. Quantifiable data should be provided whenever possible. Include details on the source of any external, quantitative data.
  - b. **Consequences of Each Facility Problem.** For *each* facility problem, provide a detailed explanation of how the problem has interfered with the delivery of services to the priority populations or the operation of the facility. Describe how the problem affects customer access to, and use of, services. This may include customers receiving no service because the agency lacks a facility to deliver the service to a certain geographic area.
2. **Specify the Measurable Outcomes Currently Achieved and the Outcomes to Be Achieved After Completion of the Project.** Your agency and the State both expect to obtain some “value” for the funds to be invested in the proposed project. This value should extend beyond the number of individuals served to what outcome is achieved with each individual. There should be a quantifiable improvement in the situation or condition of the customer using the services. State the desired improvement (i.e., outcome), provide quantifiable measures for those improvements, and *provide data to support the results.*<sup>1</sup> If available, provide up to five years of trend data to support results on Table 3, Page 24. Also, explain how these measures support the priority outcomes of the administration whose consumers you serve. Below are examples of measures to use. Do NOT use activities as a measure of outcomes.

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<sup>1</sup> “Proxy” measures based on research studies, best practices, or other benchmarks based on national data may be used. Citations must be provided.



- Projects serving individuals with developmental disabilities should include measures such as the number and percent of individuals that: (1) live in the most integrated setting in independent housing<sup>2</sup>; (2) meet their habilitation goals; (3) are maintained in employment for a specific period; or (4) are placed in supported employment.
- Projects that serve individuals with substance abuse disorders and/or co-occurring illness should provide data that demonstrates a need for substance abuse treatment services within the targeted geographical area. These projects must also address BHA benchmarks that indicate patient reduction for substance use/abuse and criminality, as well as patient increases for employment and stable housing situation at completion of treatment.
- Projects that propose housing for individuals with serious and persistent mental illness should include the number of individuals who are currently homeless or living in a residential rehabilitation bed or in an institution who will achieve a greater level of stability, safety, or independence through placement in the proposed independent housing (see footnote 2). Describe supportive services to be provided by other agencies that will support the individual's recovery while living in a stable housing situation.
- Projects for Federally Qualified Health Centers should provide outcomes and data for those performance measures selected by the FQHC for its annual Performance Review with the Health Resources and Services Administration. Performance measures can be found on the HRSA website: <http://bphc.hrsa.gov/policiesregulations/performanceasures/>

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<sup>2</sup> The Developmental Disabilities Administration and the Behavioral Health Administration define independent housing as housing that is provided through a landlord/tenant relationship with support services provided by a service provider of the consumer's choice (e.g., a Community Supported Living Arrangement [CSLA]).

## II. ADMINISTRATIVE INFORMATION

### A. Poverty Area Funding Request

A project is eligible for poverty area funding if the project meets the requirements for a poverty area under federal regulations or State plans, or a majority of individuals served by the facility are (1) certified by a local Department of Social Services as eligible for Public Assistance or Medical Assistance; (2) are eligible for Supplemental Security Income Benefits; or (3) have income levels that do not exceed 150 percent of the federal poverty level. If the applicant meets one of these criteria, the applicant may request a State grant of more than 50 percent but not to exceed 75 percent of the cost of the project.

**If poverty area funding is being requested, applicant must provide quantitative documentation showing that applicant's program meets the requirements for a poverty area under federal regulations or State plan, or will serve a majority of poverty-designated consumers each year for the full term of the obligation under award.**

**In addition, this documentation will need to be updated each year for the full term of your obligation. Include details on the source of any external, quantitative data.**

Please refer to the regulations for:

Behavioral Health, and Developmental Disabilities Facilities COMAR 10.08.02.07(E),  
<http://www.dsd.state.md.us/comar/comarhtml/10/10.08.02.07.htm>

OR

Federally Qualified Health Centers COMAR 10.08.05.08(D),  
<http://www.dsd.state.md.us/comar/comarhtml/10/10.08.05.08.htm>

See regulations for further information regarding State grant funding limits.

### B. Admission Policy

Provide a written statement of the applicant's admission policies as they relate to the purpose and intent of the proposed project. In this statement, the applicant shall:

1. Agree to admit persons on the basis of their need for services without regard to race, national origin, color, disability, religion, or ability to pay;
2. Define clearly proposed limitations, if any, regarding age groups, illness, or disorder categories; and
3. Give priority for admission to persons who are certified by a local Department of Social Services for assistance and to persons of low income.

### C. Staffing Pattern

Provide the number of personnel employed or to be employed at the facility, by occupation, and all perquisites, salaries, and other funds paid, or to be paid; to these employees (names of employees are not needed).

**D. Schedule of Rates**

Provide a schedule of current rates charged or to be charged, or both if applicable, for services to be rendered.

**E. Previous Projects**

List any previous project(s) for which your agency received grant funds through the MDH Administration-Sponsored Capital Program, the amount of State funds allocated for each project, and the status of each project. FQHC applicants should also provide information about any federal capital funds that have been provided for this project.

### III. PROJECT DESCRIPTION - SCOPE OF WORK

This section must provide a detailed scope of work of the proposed project. The Project Description must include:

**A. Type/Description**

Specify whether the proposed project is to acquire, construct, renovate, and/or purchase equipment. Give a brief description of the proposed project.

**B. Project Site Description**

Provide a description of the project site including the acreage and dimensions of the site. If the project is for new construction, note any topographic features of the site that may present difficulties, significant elevation changes, wooded areas, or high water table.

**1. Location**

Give the location of the proposed project (exact address, if known). If site is applicant-owned, please attach the following:

- a. Legal description of the property (deed)
- b. Legal opinion assuring good and valid title or copy of title insurance
- c. Plat plan
- d. Soil investigation report (new construction only)
- e. Assurance of the availability of water and sewer hookups
- f. Zoning approval - Copy of zoning approval or application status

If the site is not applicant owned, identify current owner. Provide items listed above in 1. a. - f., if available.

**C. Scope of Work**

The scope of work is a statement of the *solution* to the facility's problems and operational and service delivery deficiencies discussed previously. The following shall be included in the Scope of Work:

1. **Current and Projected Space Requirements.** Describe each function to be housed in the facility. Indicate whether the function currently exists or is a proposed new function. On Table 2, page 21 list each current and proposed functional area and indicate the number of units for each function and the net square footage for each unit. Provide the total net square footage required for each function. Total the net square footage for all the functions and apply a gross efficiency factor to determine the final gross square feet involved in the project. This table must be fully completed so that current and proposed space size can be compared. Provide a floor plan of existing spaces, if applicable, and a floor plan showing proposed spaces. Include the net square footage of each space on the floor plan.

2. **Describe how the *amount* of each type of space was determined.** For example, how did the agency determine the number of administration offices, counseling offices, bedrooms, or exam rooms that are needed? For offices, was the determination based on the number of people needing an office? Provide any specific standards that were used to determine the amount of space.
3. **Indicate how the *size* of each space or group of similar spaces was determined.** If there is a standard that applies, the space should be based on the standard. Provide the reference for the standard. If there is no standard, the size of the space should be based on the number of occupants, the type and amount of equipment, and the activities to be accommodated. Please specify.
4. **If the project includes renovation or construction,** describe the architectural, structural, mechanical, electrical, plumbing, and telecommunications work that is to be done.
5. **Describe any site improvements to be included in the project** such as grading, roads, parking, outdoor lighting, and landscaping.
6. **Describe all utility work that is required for the project.** Use specifics when possible, such as the linear feet of road, utility extensions, or number of parking spaces.
7. **If the project is for *acquisition*,** describe the specific nature of the property to be acquired. Indicate the acreage, major transportation routes, and public utilities. Provide a detailed description of the property improvements. Identify any factors that could affect the timing of the acquisition.

**D. Transportation**

Discuss transportation access to the services, if the project involves a new service site. If consumers will have to travel to the project site, will it be accessible by public transportation? If vans will be used to pick up consumers, will the project be located within reasonable proximity to the target population?

**E. Time Frame (required)**

Provide a schedule for the start date and completion date for design services and construction. Include the dates on the Project Summary Form (page 7) "Proposed Project Schedule." Include phase-in schedule if multi-year project. If applicable, describe the phasing plans for minimizing any disruption in service or operations that may be caused by work on this project.

**F. Maps and Sketches**

Provide a map showing the intended location of the proposed project. For a project involving a new building, furnish a plat map, which shows the proposed structure and its relationship to any other facilities in the area. For a renovation project, provide blueprints or drawings (if available) of the intended work area.

#### IV. FINANCIAL STATEMENTS (*MUST BE INCLUDED WITH THE APPLICATION*)

Complete the financial forms listed below.

**A. Cost Estimate Worksheet**

Complete and attach Cost Estimate Worksheet Form (pages 9 and 10).

**B. Capital Financial Summary**

1. Attach supporting documentation for matching funds (such as bank statements, mortgage statements, bank loan commitment, investment statement, or commitment from local government). If the match will be derived from fund-raising, provide a description of fund-raising activities and a schedule.
2. Attach a letter from the federal Internal Revenue Service indicating nonprofit status.
3. Complete and attach Capital Financial Summary Form (page 28).

**C. Operating Cost Projections (for New or Expansion Projects Only)**

Complete and attach Operating Cost Projections Form (page 29). If expansion is planned, the source and amount of new operational funds to cover the additional consumers *must* be provided.

**D. Equipment and Furnishing Request (for New or Expansion Projects Only)**

If you are requesting moveable capital equipment, complete and attach Equipment and Furnishings Request Table 6 (page 27). Make additional copies if needed.

<b>V. ADDITIONAL DOCUMENTATION WHICH MUST BE INCLUDED WITH APPLICATION</b>
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**A. Listing of All Principals**

Complete and attach form (page 30).

**B. Compliance with Civil Rights Act**

Complete and attach form (page 31).

**C. Applicant Certification**

Complete and attach form (page 32).

**D. Latest Audited Financial Statement**

Attach a copy of the latest audited financial statement.

**E. License**

Attach a copy of the license or a copy of the application for the license.

**F. Medicaid Approval**

Attach copy of Medicaid Provider Number.

**G. IRS Form 990**

Attach copy of latest available IRS Form 990.

**H. Capital Equipment**

If capital equipment and/or furniture are being requested (see F. in the Cost Estimate Worksheet on page 10), a detailed equipment list and prices must be provided in Table 6 on page 27.

**I. Poverty Area Funding Request**

If poverty area funding is being requested, applicant must provide quantitative documentation showing that applicant's program meets the requirements for a poverty area under federal regulations or State plan, or will serve a majority of poverty-designated consumers each year for the full term of the obligation under award.

Table 1

**Federally Qualified Health Centers**  
**EXISTING AND PROPOSED PRODUCTIVITY**

<b>FY 2016 Clinic Services</b>	<b>Total Practitioners</b>	<b>Productivity Standard<sup>1</sup> (Individuals)</b>	<b>Actual 2016 Productivity</b>	<b>Encounters Productivity Standards</b>	<b>Actual 2016 Encounters</b>
Example	1	1,400	1,300 <sup>2</sup>	4,200 <sup>3</sup>	3,900
Primary Care					
Pediatrics					
OB/GYN					
Dental Health					
Behavioral Health					
<b>Future Clinic Services</b>					
Primary Care					
OB/GYN					
Pediatrics					
Dental Health					
Behavioral Health					

<sup>1</sup> One practitioner should serve 1,400 patients in a year on average.

<sup>2</sup> Include actual number of unduplicated patients seen.

<sup>3</sup> Each practitioner will have an average of three encounters/patient (1,400 X 3 = 4,200)



Table 2

### Current and Projected Space Requirements

Function	CURRENT			PROJECTED			
	Units	Net Square Feet Per Unit	Total Net Square Feet	Function	Units	Net Square Feet Per Unit	Total Net Square Feet
<i>Example</i> CEO Office	1	100	100	CEO Office	1	150	150
<i>Example*</i> Bedroom	0	0	0	Bedroom	2	100	200
<i>Example</i> Examination Room	5	90	450	Examination Room	10	100	1,000
<b>Total New Square Feet</b>							

\* For projects acquiring housing, provide approximate projected sizes of rooms.

**Total Net Square Feet \_\_\_\_\_ X 1.50 (efficiency factor) = \_\_\_\_\_ Gross Square Feet**

See the following pages for “What’s Covered in Net Square Feet” (page 22) and “Office Space Standards” (page 23).

# Department of General Services (DGS) Guidelines on Net Square Feet and Gross Square Feet

## What's Covered in Net Square Feet

All floor areas allocated to an occupant:

- Offices
- Classrooms
- Mailrooms
- Bedrooms
- Conference Rooms
- Libraries
- File Rooms
- Storage Pertaining to an Occupant  
(not custodial or general storage)
- Laboratories
- Auditoriums
- Toilets & Locker Rooms (including shower  
rooms) when private, e.g., for a consumer's  
bedroom, exam room, gym, kitchen, etc.
- Lounges
- Kitchen
- Library Reading and Stack Areas
- Athletic Courts
- Swimming Pool

## What's Covered by Gross Square Feet (Efficiency Factor)

***Custodial*** – for building protection, care, maintenance, and operation, e.g., custodial storage, janitor closet, maintenance storeroom, locker room, toilet and shower room, shop.

***Circulation*** – required for physical access to some subdivision of space whether or not enclosed by partitions, e.g., corridors (access, public, service, including “phantom” corridors for large unpartitioned areas), elevator shaft, escalator, fire tower, stairs, stair hall, loading platform (except when required for a program function), lobby, public vestibule or entryway, tunnel, bridge, stair or elevator penthouse, elevator machine room, covered paved open areas.

***Mechanical*** – to house mechanical equipment, utility services and non-private toilet facilities; e.g., duct and service shafts, meter and communication closets, boiler room, mechanical and electrical equipment rooms, telephone equipment rooms, fuel room, toilet rooms for public or general use.

***Construction*** – the areas actually occupied by the structural and other physical features of the building, e.g., exterior walls, firewalls, partitions.

## Department of General Services (DGS) Office Space Standards

<u>Office Type</u>	<u>Recommended Net Assignable Square Feet (NASF)</u>
Cabinet Secretaries or Agency Executive Directors	300
Deputy Secretaries or Agency Deputy Directors	250
Judges; Commissioners (full-time); Assistant Secretaries; Division Chiefs; Directors	200
Branch Heads; Assistant Division Chiefs; Assistant Directors	175
Attorneys; Doctors; Field Office Supervisors	150
Professionals (Supervisory, Private Office)	126
(Supervisory, Open Office)	120
Professionals (Non-Supervisory, Private Office)	108
(Non-Supervisory, Open Office)	90
Secretaries; Drafting Stations (CAD) (Conventional Office)	90
(Open Office)	81
Word Processor and Clerical Stations (Conventional Office)	60
(Open Office)	56
Conference Rooms (Per Person)	22
Reception/Waiting Rooms (1-15 Persons, Per Person)	15
(over 15 Persons, Per Person)	10

### Notes:

1. Space standards indicated above include normal furniture and equipment. Additional space may be allowed for unusual furniture and equipment requirements if justified.
2. Enclosed offices should be a minimum of 100 NASF regardless of classification of occupant.
3. The above standards do not apply to **academic** personnel in institutions of higher education. Refer to higher education space guidelines.
4. Allow an additional 7 NASF per file cabinet in open office areas.

**Table 3**  
**Outcome Measures Currently Achieved and**  
**Outcomes to be Achieved After Completion of the Project**

Goal:					
Outcome Measures	2017 Outcomes	2018 Outcomes	2019 Outcomes	2020 Outcomes	2021 Outcomes
A.					
B.					
C.					
D.					

Please explain how the above outcome measures support the goals of the administration whose consumers you serve.

**Make additional copies as needed.**

Table 4  
Behavioral Health Administration  
Existing and Proposed Capacity by Type  
Residential Rehabilitation, Supportive Housing, Recovery Housing, and Certified Halfway Housing Units

Project County (List if more than one):

Provider:

Project County (Name):			
Type Housing Unit	This Request Units	Existing Provider Capacity Units	Total Capacity (all providers) in County
Residential Rehab - Intensive			
Residential Rehab- General			
Supportive Housing			
Recovery Housing			
Certified Halfway House			

Project County (Name):			
Type Housing Unit	This Request Units	Existing Provider Capacity Units	Total Capacity (all providers) in County
Residential Rehab - Intensive			
Residential Rehab- General			
Supportive Housing			
Recovery Housing			
Certified Halfway House			

Project County (Name):			
Type Housing Unit	This Request Units	Existing Provider Capacity Units	Total Capacity (all providers) in County
Residential Rehab - Intensive			
Residential Rehab- General			
Supportive Housing			
Recovery Housing			
Certified Halfway House			

**NOTE: If requesting units in more than one County complete a table for EACH County**

Table 5  
Developmental Disabilities Administration  
Existing and Proposed Capacity by Type  
ALU, CSLA, and Supportive Housing Units

Project County (List if more than one):

Provider:

Project County (Name):			
Type Housing Unit	This Request Units	Existing Provider Capacity Units	Total Capacity (all providers) in County
Alternative Living Unit (ALU)			
CSLA (individuals)			
Supportive Housing			

Project County (Name):			
Type Housing Unit	This Request Units	Existing Provider Capacity Units	Total Capacity (all providers) in County
Alternative Living Unit (ALU)			
CSLA (individuals)			
Supportive Housing			

Project County (Name):			
Type Housing Unit	This Request Units	Existing Provider Capacity Units	Total Capacity (all providers) in County
Alternative Living Unit (ALU)			
CSLA (individuals)			
Supportive Housing			

**NOTE: If requesting units in more than one County complete a table for EACH County**

Table 6

**Name of Applicant Agency:** \_\_\_\_\_

Request for Fiscal Year: FY 2020[illegible]

\* Net anticipated purchase cost, i.e., catalog price less any discounts.

**\*\* To be completed by the Maryland Department of Health.**

**MARYLAND DEPARTMENT OF HEALTH**  
**FY 2020 - Application for Administration-Sponsored Capital Program Grant**

**CAPITAL FINANCIAL SUMMARY**

*Complete Cost Estimate Worksheet before completing this Financial Summary sheet.*

Name of Applicant Agency \_\_\_\_\_

**A. Costs in which State Government may participate** (totals from Cost Estimate Worksheet on pages 9 and 10):

- |     |  |          |      |
|-----|--|----------|------|
| 1.  | Construction (add B9, C9, D7 and E7)               | \$ _____ |      |
| 2.  | Contingency (add B10, C10, D8 and E8)              | \$ _____ |      |
| 3.  | Fixed Equipment not in Contract*                   | \$ _____ |      |
| 4.  | Moveable Capital Equipment F.4*                    | \$ _____ |      |
| 5.  | Site Survey and Soil Investigation                 | \$ _____ |      |
| 6.  | Architect's Fees _____ % (G.)                      | \$ _____ |      |
| 7.  | Architect's Reimbursables (H.)                     | \$ _____ |      |
| 8.  | Site Acquisition (A**)                             | \$ _____ |      |
| 9.  | Other (specify):                                   |          |      |
|     | a. _____   |          |      |
|     | b. _____   |          |      |
| 10. | Total Costs  | \$ _____ | A.10 |
| 11. | State Funds Requested _____ % of A.10 <u>above</u> | \$ _____ | A.11 |

**B. Costs in which State Government may not participate:**

- |    |                       |          |     |
|----|-----------------------|----------|-----|
| 1. | Closing Costs         | \$ _____ |     |
| 2. | Non-Capital Equipment | \$ _____ |     |
| 3. | Consultant Fees       | \$ _____ |     |
| 4. | Land                  | \$ _____ |     |
| 5. | Off-Site Improvements | \$ _____ |     |
| 6. | Other (specify):      |          |     |
|    | a. _____              |          |     |
|    | b. _____              |          |     |
| 7. | Total Costs           | \$ _____ | B.7 |

**C. Total A.10 and B.7 above** \$ \_\_\_\_\_

**D. Financial Information** (attach supporting documents for each; e.g., letter from bank):

- |    |   |                    |                       |          |
|----|---|--------------------|-----------------------|----------|
| 1. | <u>Matching Funds</u>                     | <u>Anticipated</u> | <u>Actual In-hand</u> |          |
|    | a. Cash and Securities                    | \$ _____           | \$ _____              |          |
|    | b. Gifts and Donations                    | \$ _____           | \$ _____              |          |
|    | c. Mortgage                               | \$ _____           | \$ _____              |          |
|    | d. Federal                                | \$ _____           | \$ _____              |          |
|    | e. Local                                  | \$ _____           | \$ _____              |          |
|    | f. Other (specify):                       |                    |                       |          |
|    | _____                                     | \$ _____           | \$ _____              |          |
|    | g. Total                                  | \$ _____           | \$ _____              | \$ _____ |
| 2. | MDH Capital Program Grant Funds Requested |                    |                       | \$ _____ |
| 3. | Add D.1. and D.2. (must equal C. above)   |                    |                       | \$ _____ |

\* Eligible equipment includes equipment built-in at the time of construction or moveable equipment with a 15-year life. Carpets, computers, non-commercial refrigerators, etc. are not eligible.

\*\* Only land with a structure is eligible for State funds. Land on which you intend to build a structure is not eligible. For acquisition, two appraisals will be needed. State participation will be limited to the value approved by the Department of General Services (DGS) based upon the appraisals or actual acquisition cost, whichever is lower. The cost of appraisals is an allowable cost. (Appraisers must be on the DGS approved list.)



**MARYLAND DEPARTMENT OF HEALTH**  
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**OPERATING COST PROJECTIONS**

**Name of Applicant Agency:** \_\_\_\_\_

	Current Agency Budget (1) (FY 20____)	Current Facility Budget (2) (FY 20____)	Current Expansion, etc. (3) (FY 20____)
<b>I. Revenues</b>			
Medicaid	\$ _____	\$ _____	\$ _____
Medicare	_____	_____	_____
Other Insurance	_____	_____	_____
Entitlement Programs, e.g., Social Security, V.A., Public Assistance (specify):	_____	_____	_____
_____	_____	_____	_____
Title III, Older Americans Act	_____	_____	_____
HUD	_____	_____	_____
Grants	_____	_____	_____
MDH	_____	_____	_____
County/Local	_____	_____	_____
Other (specify):	_____	_____	_____
_____	_____	_____	_____
Private Donations	_____	_____	_____
Consumer Fees/Rates	_____	_____	_____
Other (specify):	_____	_____	_____
_____	_____	_____	_____
<b>TOTALS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>II. Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
Consultant Fees	_____	_____	_____
Rent or Mortgage	_____	_____	_____
Salaries, Wages and Fringe Benefits*	_____	_____	_____
Insurance	_____	_____	_____
Utilities	_____	_____	_____
Telephone	_____	_____	_____
Repairs & Upkeep	_____	_____	_____
Supplies & Materials	_____	_____	_____
Office	_____	_____	_____
Housekeeping	_____	_____	_____
Other	_____	_____	_____
Operating Equipment	_____	_____	_____
Food	_____	_____	_____
Transportation	_____	_____	_____
Home Office	_____	_____	_____
Accounting	_____	_____	_____
Other (specify):	_____	_____	_____
_____	_____	_____	_____
<b>TOTALS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

(1) LOCAL HEALTH DEPARTMENTS - Submit your budget for this program only.

(2) Do not complete this column for new construction/acquisition.

(3) After completing this section, please use an additional sheet of paper to indicate how firm a commitment you have for any additional dollars you will need to operate this proposed project. Discuss any possible funding sources and list any grant applications (include current status).

\* These totals should match the information for Section C Staffing Pattern, page 14.

**MARYLAND DEPARTMENT OF HEALTH  
OFFICE OF CAPITAL PLANNING, BUDGETING AND ENGINEERING SERVICES**

**FY 2020 - Application for Administration-Sponsored Capital Program Grant**

---

*Name of Applicant Agency*

---

*Date*

**LISTING OF ALL PRINCIPALS**

*(Include Officers and Board of Directors)*

**FY 2020 - Application for Administration-Sponsored Capital Program Grant**

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF  
HEALTH AND HUMAN SERVICES REGULATION UNDER  
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964  
SECTION 504 OF THE REHABILITATION ACT OF 1973**

As a condition necessary to the award of State and/or Federal funds,

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(hereinafter called the "Applicant") HEREBY AGREES that it will comply with Title VI of the Civil Rights Act of 1964 and with Section 504 of the Rehabilitation Act of 1973, their amendments and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services issued pursuant to these acts, to the end that no person in the United States and/or State of Maryland shall on the grounds of race, color, national origin, handicapped status, or religion be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity provided by an applicant that receives Federal and/or State financial assistance from the State of Maryland, Maryland Department of Health, and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

In addition, the Applicant agrees that there will be no discrimination in any phase of employment practices, policies or procedures on the basis of race, religion, age, sex, political affiliation or handicap.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal and/or State financial assistance extended after the date hereon to the applicant by the State of Maryland, Maryland Department of Health including installment payments after such date on account of applicants for Federal and/or State financial assistance which were approved before such date. The Application recognizes and agrees that such Federal and/or State financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States and/or State of Maryland shall have the right to seek judicial enforcement of this assurance. The assurance is binding on the applicant, its successors, transferees, and assignees, and the person or persons whose signature appears below are authorized to sign this assurance on behalf of the Applicant.

The recipient (*check a or b*):

- a. \_\_\_\_\_ employs fewer than 15 persons.
- b. \_\_\_\_\_ employs 15 or more persons and has designated the following person(s) to coordinate its efforts to comply with these HHS regulations:

---

**Name of Designee(s) - Type or Print**

---

**Signature(s) of Designee(s)**

---

**Date**

---

**Applicant**

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**Applicant's Mailing Address**

**MARYLAND DEPARTMENT OF HEALTH  
OFFICE OF CAPITAL PLANNING, BUDGETING AND ENGINEERING SERVICES**

**FY 2020 - Application for Administration-Sponsored Capital Program Grant**

**APPLICANT CERTIFICATION**

1. Please sign either (a) or (b) below to indicate whether the Applicant will or will not operate the facility and provide the services.

(a) The Applicant will operate the facility and provide the services.

\_\_\_\_\_  
(Signature)

(b) The Applicant will not operate the facility and provide the services.

\_\_\_\_\_  
(Signature)

2. On behalf of the governing board or other executive authority of

\_\_\_\_\_  
(Applicant)

I affirm that the information and estimates conveyed in this application are true and accurate to the best of my knowledge. I further agree that this facility shall be used for the purpose set forth in this application for a period of thirty (30) years and that any proposed change in use shall require the approval of the State of Maryland, Board of Public Works. Finally, I shall comply with applicable laws and regulations that govern the use of State general obligation bond funds.

\_\_\_\_\_  
Signature of Executive Director/CEO of the Organization (Required)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print or Type - Name and Title of Executive Director/CEO of the Organization)

# **A P P E N D I C E S**

## **Additional Information for Behavioral Health**

### **Grant Applicants Providing:**

**Substance-Related Disorder Services and/or  
Mental Health Services**

*Prepared by:*

**Behavioral Health Administration  
Maryland Department of Health**

*If you have any questions about the materials in this packet, please contact  
The Behavioral Health Administration,  
Sarah Reiman (410)-402-8325  
Kimberly Qualls (410)-402-8661*

**FY 2020 Grant Application for Administration-Sponsored Capital Program**

**January 2018**

## **Information for Grant Applicants Providing Substance-Related Disorder Services and/or Mental Health Services**

### **Introduction**

The mission for the Behavioral Health Administration is:

*The Behavioral Health Administration, through publicly-funded services and supports, promotes recovery, resiliency, health, and wellness for individuals who have, or are at risk for, emotional, substance-related addictive, and/or psychiatric disorders.*

The Behavioral Health Administration (BHA) continues to observe the need for community capacity that exceeds available operating and capital funding allocations due to a scarcity of resources. Housing that is affordable, safe, accessible, and integrated into the community is a major factor in enhancing the recovery of persons with behavioral health disorders. Therefore housing remains a priority for Community Bond projects for serving the needs of the behavioral health population. Among the housing strategies found in the BHA Behavioral Health Plan are:

- Implement efforts to increase housing opportunities through utilization of available state and federal grants and subsidies.
- Facilitate submission of applications to the Maryland Department of Health's (MDH's) Office of Capital Planning, Budgeting, and Engineering to leverage the Administration-Sponsored Capital Program Grant (Community Bond) to develop Supported Housing models and Recovery Housing
- Enhance efforts to increase supportive recovery housing assistance to women with dependent children through the use of state and federal funding subsidies.

These strategies are in concert with initiatives of MDH and the Governor on the state level that increase access to behavioral health services and are also in concert with national priorities of federal agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA) that facilitate the improved access to mainstream housing to support recovery.

Additionally, BHA is committed to maintaining individuals within a recovery continuum so that the supports needed to assume a healthy and productive lifestyle are available. The creation or enhancement of support services, such as housing, for individuals diagnosed with a mental health disorder as well as a substance-related disorder also facilitates this commitment. These priorities apply to all levels of care and special populations. Research has shown that services offered in an integrated setting for both disorders achieve the most optimal outcomes and projects that support this are welcome. Research also shows that women who are in treatment with their children have better outcomes, thereby positively affecting the child welfare system. Projects that include comprehensive gender-specific services, with the opportunity to focus on innovative family-centered services, also match the BHA priorities. Project applications submitted for grant funding must support the mission and priorities of the BHA.

## **1. Priority Populations**

As noted earlier, the BHA mission statement identifies the priority population served as individuals who have, or are at risk for, emotional, substance-related addictive, and/or psychiatric disorders. Through Community Bond, BHA selects projects that effectively expand, support, or enhance capital resources (buildings, houses, projects involving bricks and mortar) for the following high priority populations:

### **Priority Populations for Grant Applicants Providing Substance-Related Disorder (SRD) Services**

- Adults - individuals who are 18 years and older with a substance-related disorder, diagnosed according to the current American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM 5)
- Individuals with substance-related disorders who are at risk for relapse due to an unstable recovery/living environment
- Individuals with opioid-related disorders engaged in Medication Assisted Treatment
- Individuals identified as intravenous drug users
- Individuals with substance-related disorders transitioning from incarceration to the community
- Individuals who are HIV positive
- Individuals with co-occurring disorders
- Pregnant women and women with children

### **Priority Populations for Applicants Providing Mental Health Services**

- Adults - individuals who are 18 years and older with a serious and persistent mental disorder, diagnosed according to the current American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM 5)
- Individuals transitioning from more intensive level residential rehabilitation program (RRP) services to Supportive Housing so that individuals in state hospitals may access the vacant RRP beds, thus reducing hospital census
- Individuals with serious and persistent mental illness who have achieved maximum benefit from an RRP and are ready to move to independent living
- Individuals with serious and persistent mental illness who may have forensic involvement and are ready for discharge from a state hospital
- Transition Age Youth (TAY) with serious mental illness transitioning from residential treatment centers (RTCs)
- Individuals with serious and persistent mental illness and co-existing conditions, including but not limited to: court and criminal justice involvement, traumatic brain injury (TBI), homelessness, substance-related disorders, victims of trauma, and individuals who are deaf or hard of hearing.

If you wish to discuss any of these options or other co-funding resources, please contact Sarah Reiman, Office of Planning, BHA, at 410-402-8325, or e-mail her at [sarah.reiman1@maryland.gov](mailto:sarah.reiman1@maryland.gov). For Community Bond housing options for individuals with



substance-related disorders, please contact Kimberly Qualls, Office of Systems Integration/Community Liaison, BHA at 410-402-8661 or [kimberly.qualls@maryland.gov](mailto:kimberly.qualls@maryland.gov). You may also contact Ahmed Awad, Administrator, Office of Capital Planning, Budgeting, and Engineering Services, MDH at 410-767-6816 or e-mail him at [ahmed.awad@maryland.gov](mailto:ahmed.awad@maryland.gov).

## **2. Priority Criteria**

### **Priority Criteria for Grant Applicants Providing Substance-Related Disorder Services**

Applications submitted by providers of substance-related disorder services that request capital grant funds through the Maryland Department of Health must adhere to the following requirements:

- **Projects that expand, support, or enhance recovery support services (i.e., sober- living, peer run, transitional, recovery housing, halfway house) for the identified priority populations**
- **Projects that are in concert with MDH's priority of prevention and reduction of opioid overdose deaths**
- **Highly encouraged: projects that expand, support, or enhance recovery support services and show a commitment to safe and affordable long term housing opportunities with tenant/landlord lease/ agreements (i.e., sober-living, peer run, transitional, and recovery housing) for the identified priority populations**
- **Projects that develop referral relationships with outpatient treatment programs, FQHCs, Health Homes, Opioid Treatment programs, etc.**
- **Projects that demonstrate that they are sustainable (i.e., provide a business plan for ongoing funding strategies)**

The inclusion of the use of pharmacology in treating substance-related disorders when necessary, can assist individuals in maintaining recovery. Just as other chronic medical conditions are treated with medications, programs treating those with substance-related disorders may consider maximizing the scope and use of medications in treating this illness when deemed appropriate.

### **Priority Criteria for Grant Applicants Providing Mental Health Services**

The Behavioral Health Administration (BHA) is seeking to expand safe affordable housing units for individuals with serious and persistent mental illness. To this end, BHA has established the following high priority criteria in considering applications:

1. **Projects that partner with residential rehabilitation programs (RRPs) to transition consumers from RRPs to Supportive Housing or Assertive Community Treatment teams to support consumers discharged from the state hospitals. Please include in your "Scope of Work" a statement describing how your project contributes to this process. If there is a plan for filling those vacated RRP beds with individuals who are referred by BHA and the Core Service Agency (CSA) or Local Behavioral**

**Health Authority (LBHA), letters of support and commitment to such plans should be provided by the CSA/LBHA and partnership entities (including representatives from the state hospitals, CSAs/LBHAs, developers, local public housing authorities (PHAs), housing providers, and RRP providers, etc.). Projects that show evidence of a “failure-proof” structured referral process to identify, assist, and show a commitment to the highest priority consumers, particularly those who are referred by the state hospitals or RRP, will be given priority.**

- 2. Projects that develop >20 housing non-clustered units.**
- 3. Commitment to the Supportive Housing (SH) model (i.e., landlord/tenant leases with full rights and responsibilities under State and local landlord legislation). Supportive housing that includes the following elements: choice of decent, safe, affordable housing, functional separation of housing and service provision, flexible voluntary services, and access to community integration; and is in compliance with civil rights and fair housing principles (including making reasonable accommodations, whenever and wherever necessary) are prioritized.**
- 4. Also, it is important that [affordable housing] projects for individuals who have a mental illness will develop scattered-site housing – non-contiguous independent living units on scattered sites or condominium units scattered within one or more buildings. Small apartment buildings can be considered. Group homes, or more than three independent individuals in a single family home, will not be considered. (Projects designed to address housing for individuals with substance-related disorders will be evaluated using other specific support services criteria.).**
- 5. Projects that leverage non-State capital funds such as HUD and other federal funding, Community Development Block Grants, Maryland Affordable Housing Trust Funds, and/or local public/private funding.**
- 6. Projects that include a commitment of rent subsidies such as Housing Choice Vouchers (HCVs) for either tenant-based or project-based units or the federal HUD 811 Project Rental Assistance (PRA).**
- 7. Projects that leverage \$3 in matching funds for every \$1 in Community Bond funds.**
- 8. Projects that actively partner with public housing authorities (PHAs) to maximize resources.**

Also, BHA will consider projects that use structural changes to facilitate or develop an integration of behavioral health services that promote prevention, provide crisis and diversion services, and integrate with somatic services that are consistent with the priorities of the MDH behavioral health integration process through its development of programs and services that utilize models of dual diagnosis of mental health and substance-related disorders to serve individuals, the majority of whom have serious and persistent mental illness.

### 3. The Application Consent Process

The Behavioral Health Administration (BHA) is working to assure that behavioral health services are planned and monitored at the local level; as a result requirements for the application process include seeking support from a county or city Local Addiction Authority (LAA), Local Behavioral Health Authority (LBHA), or a local Core Service Agency (CSA).

#### **Local Addiction Authority (LAA)**

Applications submitted by providers of substance-related disorder services that request capital grant funds through the Maryland Department of Health (MDH) must adhere to the following requirements:

1. The project must demonstrate that it is supported by a county/city Local Addiction Authority (LAA), (please see the enclosed forms).
2. Additionally, the project must demonstrate need for the services as included in the LAA Plan. Please provide a specific citation that shows the need for the proposed services.

Contacts for the city or county Local Addiction Authority can be found on the Web site at <https://bha.health.maryland.gov/Pages/Index.aspx> by clicking on BHA divisions, Systems Integration/Community Liaison, LAA.

#### **Core Service Agency/Local Behavioral Health Authority**

Applications submitted by providers of mental health services that request capital grant funds through MDH must include notification of the Core Service Agencies (CSA) or Local Behavioral Health Authority (LBHA).

CSAs/LBHAs are required to develop behavioral health plans and to update these plans annually. Plans must be approved by BHA. The intention of the administration is that the development of mental health services and programs within a jurisdiction be in concert with BHA priority outcomes and the approved CSA/LBHA plan. To that end, all providers of mental health services, ***whether or not they receive funds from the CSA/LBHA or from BHA, must submit*** an "abstract", as specified on the enclosed forms in this appendix, for all applications for Administration-Sponsored Capital Program Grants for FY 2020 and must certify on the enclosed form that this has been done.

**Core Service Agencies (CSAs)/Local Behavioral Health Authorities  
(LBHAs)/Local Addiction Authorities (LAAs)**

**CSAs/LBHAs/LAAs that currently exist in Maryland's 24 jurisdictions:**

Allegany County	Harford County
Anne Arundel County	Howard County
Baltimore City	Garrett County
Baltimore County	Montgomery County
Calvert County	Prince George's County
Carroll County	St. Mary's County
Cecil County	Washington County
Charles County	Somerset County
Frederick County	Worcester County
<b>Mid-Shore:</b> Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties	Wicomico County

Questions about CSAs/LBHAs may be addressed to Sarah Reiman, Office of Planning, BHA, at 410-402-8325 or [sarah.reiman1@maryland.gov](mailto:sarah.reiman1@maryland.gov).

Questions about LAAs/LBHAs may be addressed to Kimberly Qualls, Office of Systems Integration/Community Liaison, BHA at 410 402-8661 or [kimberly.qualls@maryland.gov](mailto:kimberly.qualls@maryland.gov).

*Please note: CSAs/LAAs/LBHAs **do not** have the authority to approve or disapprove applications for Administration-Sponsored Capital Program Grants. CSAs/LAAs/LBHAs and the Administration are aware that many of these local authorities apply for grant funds under the Administration-Sponsored Capital Grant Program and, therefore, are in competition with other applicants for funding. Still, it is in the best interest of all providers to work with the CSAs/LAAs/LBHAs to ensure that applications are in concert with local and state plans because this will be one of several criteria for prioritization of Administration-Sponsored Capital Program Grant applications.*

## Grant Applicants for Behavioral Health Services

### Procedure for Applicant to Notify Core Service Agency of Intent to Submit An Application for Administration-Sponsored Capital Program Grant

*You must send a copy of the completed application materials that are listed below to your local CSA, LBHA, or LAA.*

- Pages 6, 7 and 8 (Project Summary Forms)
- Pages 9 and 10 (Cost Estimate Worksheets)
- Page 28 (Capital Financial Summary Form)
- Page 29 (Operating Cost Projections Form)

*You must also send a copy of the following portions of the outlined material from your narrative to your local CSA, LBHA, or LAA.*

- I. Project Description and Justification
- II. Administrative Information
- III. Project Description - Scope of Work

*Please submit the above information to the CSA, LBHA, or LAA as early as possible so you can receive feedback on your application and, if necessary, bring it into compliance with the CSA, LBHA, or LAA plan.*

*This page must be completed, signed and attached to your application for an Administration-Sponsored Capital Program Grant. Your application will not be prioritized by the BHA without this signed form.*

**The abstract materials from our Administration-Sponsored Capital Program Grant application (as listed above) were sent to the following individuals at our local CSA, LBHA, or LAA on:**

	_____
	<i>Date</i>
Name of Individual at Local	
CSA, LBHA, or LAA	
CSA, LBHA, or LAA Address	_____
_____	
Applicant's Signature	
_____	
Print Applicant's Name	
_____	
Applicant's Position at Agency	
_____	

# LOCAL ADDICTION AUTHORITY/LOCAL BEHAVIORAL HEALTH AUTHORITY/CORE SERVICE AGENCY REVIEW REPORT

Application for FY 2020 Administration-Sponsored Capital Program Grant  
Report to be completed by the Core Service Agency, Local Behavioral Health Authority, or Local Addiction  
Authority

This application for the following provider was reviewed: \_\_\_\_\_  
Date

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Request for: \_\_\_\_\_

Type of Project \_\_\_\_\_

This project (check one):

\_\_\_\_\_ Comports with the CSA/LBHA/LAA plan for service development.

\_\_\_\_\_ Requires minor changes to comport with the CSA/LBHA/LAA plan.

Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Requires major changes or does not comport with the CSA/LBHA/LAA plan.

The applicant was advised of this review  
on: \_\_\_\_\_  
Date

Check one: \_\_\_\_\_ Phone \_\_\_\_\_ Letter \_\_\_\_\_ In Person \_\_\_\_\_ E-mail

Additional  
comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Also check:  
\_\_\_\_\_ The CSA/LBHA/LAA does not intend to submit an application for FY 2020  
Administration- Sponsored Capital Program Grant

\_\_\_\_\_ The CSA/LBHA/LAA does intend to submit an application for FY 2020  
Administration-  
Sponsored Capital Program Grant for the following project(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

## SEND ORIGINAL CSA/LBHA/LAA FORM TO:

Mr. Ahmed G. Awad, Administrator, General Obligation Bond Program  
Office of Capital Planning, Budgeting, and Engineering Services 201 West Preston Street, Room 538E, Baltimore MD 21201.  
*This form, when completed by the CSA/LBHA/LAA, should be returned to the applicant.*

## ABBREVIATED GLOSSARY OF BEHAVIORAL HEALTH ADMINISTRATION HOUSING TERMS

<b>BHA</b>	Behavioral Health Administration - the Administration within the Maryland Department of Health (MDH) that establishes regulatory requirements that behavioral health programs are to maintain in order to become certified or licensed by the Department. BHA is responsible for funding and overseeing all State-supported mental health services and charged with developing and monitoring services related to prevention and treatment of substance-related and addictive disorders.
<b>COD</b>	Co-occurring Disorder - refers to co-occurring substance-related and mental health disorders. COD exists “When at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from a single disorder.
<b>CSA</b>	Core Service Agency - the designated county or multicounty authority that is responsible for planning, managing, and monitoring publicly funded mental health services. CSA responsibilities include planning, providing for service provision according to locally determined needs, monitoring service delivery, and evaluating service outcomes.
<b>LAA</b>	Local Addiction Authority - the designated quasi government body, county or multicounty authority that is responsible for system development, planning, managing, and monitoring publicly funded substance-related and addictive disorder services. The LAA is also responsible for investigating complaints about providers and enhancing existing contract monitoring functions.
<b>LBHA</b>	Local Behavioral Health Authority – The local entity that is a combined CSA and LAA.

### LICENSED HALFWAY HOUSE

Clinically-managed, low intensity residential treatment program that offers at least 5 hours per week of on-site treatment services, facilitated by a certified or licensed counselor/therapist for individuals with substance-related disorders who are capable of self-care but are not ready to return to independent living. Halfway Houses are monitored and certified by the Office of Health Care Quality (OHCQ) and follow standards as set forth in the Code of Maryland Regulations (COMAR).

<b>OTP</b>	Opioid Treatment Program – a program approved to provide opioid maintenance therapy.
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### PEER RUN HOUSING

This is a democratically run, self-supporting housing program in which all expenses are shared by residents. The housing structure is governed by a manual or by set policy and procedures. Residents are required to participate in drug screening and house meetings, as well as encouraged to participate in self-help meetings.

<b>PBHS</b>	Public Behavioral Health System - the system that provides medically necessary behavioral health services and supports for Medical Assistance participants and certain other uninsured and otherwise eligible individuals.
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<b>RECOVERY</b>	A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Four areas that, when strengthened, can support a life in recovery include: health, housing, meaningful daily activities/purpose, and community.
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### RECOVERY SUPPORT SERVICES

A broad range of clinical and non-clinical community and faith-based services provided before, during, or after clinical treatment. These services also may be provided to individuals who are not in treatment but are seeking recovery support services. Recovery

support services are facilitated by behavioral health care service providers, peers, and others with lived recovery experience. They also facilitate coordination of care, provide linkage to services, and remove barriers to sustained recovery, health and wellness.

**RRP**

Residential Rehabilitation Program - provides rehabilitation and support services in a residence to individuals with serious mental illness.

**SH**

Supportive (or Supported) Housing - This approach is designed to increase housing options available to persons with serious mental illness. Through supportive living programs, individuals with psychiatric disabilities may access an array of flexible services and supports to enable them to live in the housing of choice and to become participating members of the community with the same rights and responsibilities as other community residents.

Permanent Supportive Housing includes the following elements:

- Decent, safe, and affordable housing
- Functional separation of housing and service provision
- Integration
- Full rights and responsibilities of tenancy
- Compliance with civil rights and fair housing principles, including making reasonable accommodations, whenever and wherever necessary

**SUPPORTIVE TRANSITIONAL/RECOVERY HOUSING PROGRAM**

This program maintains oversight by a house manager or senior resident. Recovery Housing programs are governed by policy & procedures and require residents to participate in drug screening, house meetings, and self-help meetings.



**Additional Information  
for  
Grant Applicants Providing Services to  
Individuals with Developmental Disabilities**

*Prepared by:*

**Developmental Disabilities Administration  
Maryland Department of Health**

**If you have any questions about this information, please contact the**  
*Developmental Disabilities Administration*  
*Janet Furman at 410-767-5600*

**FY 2020 Grant Application for Administration-Sponsored Capital Program**

January 2018

## **Information for Grant Applicants Providing Services to Individuals with Developmental Disabilities**

### ***The Developmental Disabilities Administration:***

- Provides a service system for people with developmental disabilities
- Partners with individuals with developmental disabilities and their families to provide leadership and resources to enable these individuals in living fulfilling lives.
- Is guided by the principle that individuals with developmental disabilities have the right to direct their lives and services.

We do this by focusing on five areas:

- Self-Determination
- Self-Advocacy
- Supporting Families
- Housing
- Employment

The mission of the Developmental Disabilities Administration (DDA) is to provide leadership to assure the full participation of individuals with developmental disabilities and their families in all aspects of community life and to promote their empowerment to access quality supports and services necessary to foster personal growth, independence, and productivity. People with developmental disabilities have the right to direct their lives and services. DDA partners with people with developmental disabilities to provide support and resources to live fulfilling lives. DDA follows the *Centers for Medicare and Medicaid Services (CMS) final community settings rule* by ensuring that everyone has access to homes that:

- 1) Are integrated in and support full access to the greater community.
- 2) Are selected by the individual from among setting options.
- 3) Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint.
- 4) Optimize autonomy and independence in making life choices.
- 5) Facilitate choice regarding services and who provides them.

To support this mission, DDA has established the following requirements and priorities for the Administration-Sponsored Capital Bond Program:

### **Requirements:**

All projects must promote self-determination, community inclusion, community collaboration, consumer empowerment and meet the qualifications

of the CMS final community settings rule. The rule requires that all settings must:

- Be integrated in and facilitate full access to the greater community;
- Optimize autonomy and independence in making life choices;
- Be chosen by the individual;
- Ensure the right to dignity, respect, freedom from coercion and restraint, and privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;
- Provide an opportunity to seek competitive employment;
- Provide individuals an opportunity to choose a private unit in a residential setting with a lease or other legally enforceable agreement providing similar protections; and
- Facilitate choice of services and who provides them.

### **Priorities:**

- **Projects that will receive the highest priority** for Capital Bond funding are projects that promote separation of housing and services in independent housing through construction, acquisition, and/or renovation of residential properties where a landlord/tenant relationship is established without the landlord providing direct service(s) to the individuals living in those homes.
- Projects that are also a priority for Capital Bond funding include:
  - Projects that support individuals with forensic needs.
  - Projects that support children with intellectual/developmental disabilities and significant behavioral needs.

Applicants may consider the following approaches, as examples only, to support the Administration's priorities:

- Projects that will include financing from DHCD.
- Projects that may agree to accept Section 811 Project Rental Assistance, Weinberg Apartments, or other similar program funding provided no more than 25 % of the total units in the property are subject to occupancy restrictions for persons with disabilities.
- Projects that foster collaboration between non-profit housing corporations and service providers where a landlord/tenant relationship is established between the service recipient and landlord and where the provision of housing and services is administered separately such as:
  - Partnerships with service providers and local public housing authorities where the housing authority establishes the landlord/tenant relationship
  - Projects which leverage Federal HUD funding such as Section 202, Housing Choice Vouchers (either tenant-based or project-based)
  - Partnerships with non-profit housing corporations that leverage private funding for the acquisition of lower cost housing available due to foreclosure.

Please contact Ms. Janet Furman, if you are interested in discussing any of these options or any other projects that will support the DDA priority areas. Ms. Furman can be reached at 410-767-5600 or by email at [janet.furman@maryland.gov](mailto:janet.furman@maryland.gov).

## **MDH/DDA Community Capital Bond Program Application/Proposal Review, Prioritization, and Rating Forms**

Bond bill applications/proposals submitted by providers of community services to individuals with developmental disabilities must support the **mission** of the Developmental Disabilities Administration and be consistent with DDA **vision**. They must support our focus on Self-Determination, Self-Advocacy, Supporting Families, Housing, and Employment.

They must also be consistent with the CMS Community Settings Rule.

**Mission:** The mission of the Developmental Disabilities Administration is to provide leadership to assure the full participation of individuals with developmental disabilities and their families in all aspects of community life and to promote their empowerment to access quality supports and services necessary to foster personal growth, independence, and productivity.

**Vision:** The Developmental Disabilities Administration takes the leadership role in building partnerships and trust with families, providers, local and state agencies, and advocates assuring those individuals with developmental disabilities and their families have access to the resources necessary to foster growth, including those resources available to the general public. Because of our inherent belief in the rights and dignity of the individual, we are committed to:

- The empowerment of all individuals with developmental disabilities and their families to choose the services and supports that meet their needs.
- The integration of individuals with developmental disabilities into community life to foster participation.
- The provision of quality supports, based on consumer satisfaction, that maximizes individual growth and development.
- The establishment of a fiscally responsible, flexible service system that makes the best use of the resources that the citizens of Maryland have allocated for serving individuals with developmental disabilities.

**CMS Community Settings Rule:** The rule supports enhanced quality in service and adds protections for individuals receiving services. In addition, this rule reflects CMS' intent to ensure that individuals have full access to the benefits of community living and are able to receive services in the most integrated setting.

<https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html>

Name of Agency Submitting Proposal: \_\_\_\_\_

Overall Proposal Priority is: \_\_\_\_\_

Overall Proposal Availability is: \_\_\_\_\_ points out of 20 points.

**Apply the following criteria in reviewing, prioritizing, and rating proposals:**

- **Requirement:** Does the project in the proposal promote self-determination, community inclusion, community collaboration, consumer empowerment and meet the qualifications of the CMS final community settings rule. These requirements include:

- 1) *Be integrated in and facilitate full access to the greater community;*
- 2) *Optimize autonomy and independence in making life choices;*
- 3) *Be chosen by the individual;*
- 4) *Ensure the right to dignity, respect, freedom from coercion and restraint, and privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;*
- 5) *Provide an opportunity to seek competitive employment;*
- 6) *Provide individuals an opportunity to choose a private unit in a residential setting with a lease or other legally enforceable agreement providing similar protections; and*
- 7) *Facilitate choice of services and who provides them.*

- **Prioritization:**

- A. Support of DDA Priorities: Does the proposal demonstrate that the project is supportive of the priorities set by the DDA? Yes\_\_\_\_\_No\_\_\_\_\_

Examples:

- Highest Priority:
  - Projects that promote separation of housing and services in independent housing through construction, acquisition, and/or renovation of residential properties where a landlord/tenant relationship is established without the landlord providing direct service(s) to the individuals living in those homes. This includes multifamily rental projects receiving DHCD funding, including Section 811 PRA or Weinberg Apartment, or other similar programs.
- Additional priorities:

- Projects to construct, acquire, and/or renovate residential properties that will provide supports people with forensic needs.
- Projects to construct, acquire, and/or renovate residential properties that will support children with significant emergency behavioral needs.

B. Demonstration of Need: Were you able to confirm the need for this project?  
How did you confirm this information? (Site visits, waiting lists for services, waiting lists for Section 8 vouchers, Maryland Department of Disabilities' housing waitlists, consumer and family feedback, provider information indicating individuals in day programs are waiting for supported employment, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_

C. Self Determination: Are self-determination and individual choice clearly incorporated as essentials? How is this incorporated?

Yes \_\_\_\_\_ No \_\_\_\_\_

D. Community Inclusion: Does the proposal promote the inclusion of consumers into the community? Please indicate how that is accomplished.

Yes \_\_\_\_\_ No \_\_\_\_\_

E. Does the proposal promote collaboration with other agencies, i.e., inter-agency partnerships? Please describe the agencies and collaborations.

Yes \_\_\_\_\_ No \_\_\_\_\_

#### **Prioritization Scoring:**

	<b>YES</b>	<b>NO</b>
A. Supportive of DDA Priorities - Highest	_____	_____
other	_____	_____
B. Demonstration of Need	_____	_____
C. Self Determination & Individual Choice	_____	_____
D. Consumers Included in Community	_____	_____
E. Collaboration/Inter-Agency Partnerships	_____	_____

**Prioritization Score: (Total Yes Answers):** \_\_\_\_\_

#### **Priority Scale:**

- 5 yes answers = high
- 4 yes answers = high moderate
- 3 yes answers = moderate
- 2 yes answers = low moderate
- 1 yes answer = low

**Prioritization Scale:** \_\_\_\_\_

## II. Availability

- A.** Does the site meet ADA accessibility guidelines? (If the request is for construction or renovations to comply with ADA, award the points.)  
Yes = 5 points                      No = zero points
- B.** Site - 5 points maximum. The requesting agency/partnership has:  
Ownership of the site or has a 30-year lease.....5 points  
An option on the site .....3 points  
Identified the site but does not own or have option.....2 points  
Identified the type and area but not yet located.....1 point
- C.** Matching Funding - 5 points maximum.  
Cash available now equals 50% match from any source.....5 points  
Other grant or loan available equals 50% match from any source.5 points  
Cash available now equals 25% match from any source.....4 points  
Other grant or loan available equals 25% match from any source 4 points  
Application for eligible loan or other grant on file.....3 points  
Will fund raise.....1 point
- D.** Service Dollars - 5 points maximum.  
Funds available from DDA for service .....5 points  
The proposal is a budget priority of the Administration.....3 points  
No service dollars needed..... 5 points

**AVAILABILITY SCORING - 20 points maximum**

- A. ADA accessibility compliance \_\_\_\_\_ points
- B. Site rating \_\_\_\_\_ points
- C. Funding rating \_\_\_\_\_ points
- D. Service dollars \_\_\_\_\_ points

**Total Availability Score:** \_\_\_\_\_ points

**TOTAL SCORE:** Record the total points awarded under the priority scoring and the availability scoring.

Prioritization Score: \_\_\_\_\_ includes highest priority project \_\_\_\_YES/NO

Prioritization Scale: \_\_\_\_\_

Availability Score: \_\_\_\_\_

**Regional Contact:**

**Date:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Additional Information**  
**for**  
**Federally Qualified Health Centers Capital Funding**  
**Applicants**

Prepared by:

**The Primary Care Office (PCO)**  
**Office of Population Health Improvement (OPHI)**  
**Maryland Department of Health (MDH)**

**If you have any questions about this information, please contact**

Elizabeth Vaidya, Director  
Primary Care Office  
[Elizabeth.vaidya@maryland.gov](mailto:Elizabeth.vaidya@maryland.gov)  
410-767-5695

January 2018



# To All Federally Qualified Health Centers

## Areas of Priority to Be Considered in Grant Applications for Capital Funding

*The Maryland Primary Care Office, in collaboration with the Primary Care Association, has developed the following list of priorities to be considered for inclusion in the review of any grant applications received for grant funding for Fiscal Year 2020.*

The list will provide a basis for determining the State's greatest needs for FQHC services in keeping with federal guidelines and in an attempt to make available quality health care services for the underserved throughout the State. The list is in no way meant to be exclusionary. The Primary Care Office is aware that all of the FQHCs provide much-needed services and that all of their expansion plans will benefit the underserved. All grant applications will continue to be evaluated equally. The list below serves only to provide an agreed upon set of priorities in the event that funding will not support awards to all applicants.

The agreed-upon priorities in order of importance include:

- Projects that would expand services into counties of Maryland not currently served by FQHCs.
- Projects that support and/or foster inclusive or innovative collaborations among community agencies and/or community integration (e.g., a Local Health Improvement Coalition, or a cooperative agreement between an FQHC, a community hospital, a local health department, a mental health provider, or a school based health center).
- Projects that would expand into counties/jurisdictions already served but which can establish documented evidence of inadequate services in that area through reports such as the State Health Improvement Process (SHIP), Prevention Quality Indicators (PQIs), or the 2016 Primary Care Office's Need Assessment.
- Projects that support obstetrical and gynecological services.
- Projects that support behavioral health services.
- Projects that support dental services.

Please ensure that you submit an electronic copy of your Capital Funding application with all attachments, as well as a **copy of your most current UDS report** to the Primary Care Office for review to Elizabeth Vaidya, [Elizabeth.vaidya@maryland.gov](mailto:Elizabeth.vaidya@maryland.gov). Should you have any questions, she can be reached at (410) 767-5695.